

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING				A. Agency, code agency subelement and submitting office number <i>(Example - xx-xx-xxxx)</i>		01		B. OFFICE USE ONLY				
								C. Request status (Mark (X) one)		02		
								Initial or Resubmission	Correction or Cancellation			
Section A - TRAINEE INFORMATION												
1. Applicant's name (<i>Last-First-Middle Initial</i>)				Enter first 5 letters of last name		03		2. Social Security Number		04		
4. Home address (<i>Number, street, city, State, ZIP code</i>)				5. Home telephone Area code Number		6. Position level (<i>Mark (X) one only</i>) a. Non-supervisory c. Manager b. Supervisory d. Executive		3. Date of birth (<i>Year and month</i>) <i>(Example-born January 14, 1943 shown as 43/01)</i>				
								05				
7. Organization mailing address (<i>Branch-Division/Office/Bureau/Agency</i>)				8. Office telephone Area code Number Extension		9. Continuous civilian service Years Months		10. Number of prior non-government training days				
11a. Position title/function			11b. Applicant handicapped or disabled (<i>See instructions</i>)		12. Pay plan/series/grade/step			13. Type of appointment		14. Education level		
Section B - TRAINING COURSE DATA												
15a. Name and mailing address of training vendor (<i>No., street, city, State, ZIP code</i>)						15b. Location of training site (<i>If same, mark box</i>) <input type="checkbox"/>						
16. Course title and training objectives (<i>Benefits to be derived by the Government</i>)												
17. Catalog/Course No.		18. Training period (<i>6 digits</i>) Year Month Day			06		19. No. of course hours (<i>4 digits</i>) a. During duty b. Non-duty c. TOTAL		07		20. Training codes (<i>See instructions</i>) Code a. Purpose b. Type c. Source d. Special interest	
AGENCY USE ONLY												
Section C - ESTIMATED COSTS AND BILLING INFORMATION						Section D - APPROVALS						
21. Direct costs and appropriation/fund chargeable						26a. Immediate supervisor-- <i>Name and title</i> Area code/Tel. No./Extension						
Item		Amount Dollars Cents		Appropriation/fund		b. Signature				Date		
a. Tuition		\$										
b. Books or materials												
c. Other (<i>Specify</i>)						27a. Second-line supervisor-- <i>Name and title</i> Area code/Tel. No./Extension						
d. (Enter 4 digits in dollar column) 12		\$				b. Signature				Date		
TOTAL												
22. Indirect costs and appropriation/fund chargeable						28a. Training officer-- <i>Name and title</i> Area code/Tel. No./Extension						
Item		Amount Dollars Cents		Appropriation/fund		b. Signature				Date		
a. Travel		\$										
b. Per diem												
c. Other (<i>Specify</i>)						Section E - APPROVAL/CONCURRENCE						
d. (Enter 4 digits in dollar column) 13		\$				29a. Authorizing official-- <i>Name and title</i> Area code/Tel. No./Extension						
TOTAL						b. Signature				Date		
23. Document/Purchase Order/Requisition No.						Approved Disapproved				Date		
24. 8-Digit station symbol <i>(Example--12-34-5678)</i>						Section F - CERTIFICATION OF TRAINING COMPLETION						
25. BILLING INSTRUCTIONS (<i>Furnish invoice to:</i>)						30a. Certifying official-- <i>Name and title</i> Area code/Tel. No./Extension						
						b. Signature				Date		
TRAINING FACILITY Bills should be sent to office indicated in item 25. Please refer to number given in item 23 to assure prompt payment.												

NOTE: This agreement must be signed by the nominee for all **non-government** training that exceeds 80 hours (or such other designated period, 80 hours or less, as prescribed by the agency) and for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in Section G below shall be construed as limiting the authority of an agency to waive, **in whole or in part**, an obligation of an employee to pay expenses incurred by the Government in connection with the training.

Section G--EMPLOYEE'S AGREEMENT TO CONTINUE IN SERVICE

1. I AGREE that, upon completion of the Government-sponsored training described in this request, if I receive salary covering the training period, I will serve in the agency three times the length of the training period. If I receive no salary during the training period, I agree to serve the agency for a period equal to the length of training, but in no case less than one month. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week). NOTE: For the purposes of this agreement, the term "agency" refers to the employing organization (such as an Executive Department or independent establishment), not to a segment of such an organization.
2. If I voluntarily leave the agency before completing the period of service agreed to in item 1 above, I AGREE to reimburse the agency for the tuition and related fees, travel and other special expenses (EXCLUDING SALARY) paid in connection with my training. These amounts are reflected in item 21 and 22.
3. I FURTHER AGREE that, if I voluntarily leave the agency to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed to in item 1 above, I will give my organization written notice of at least ten work days, during which time a determination concerning reimbursement will be made. If I fail to give this advance notice, I AGREE to pay the amount of additional expense (5 U.S.C. 4109(a)(2)) incurred by the Government in this training.
4. I understand that any amounts which may be due the agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.
5. I FURTHER AGREE to obtain approval from my organization training officer and that person responsible for authorizing non-government training requests of any proposed change in my approved training program involving course and schedule changes, withdrawals or incompletions, and increased costs.
6. I acknowledge that this agreement does not in any way commit the Government to continue my employment. I understand that, if there is a transfer of my service obligation to another Federal agency or other organization in any branch of the Government, the agreements in items 1,2, and 3 of this section will remain in effect until I have completed my obligated service with that other agency or organization.

31. Period of obligated service

(For non-government training only) _____ →

32. Employee's signature

Date

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Section A - TRAINEE INFORMATION													
1. Applicant's name <i>(Last-First-Middle Initial)</i>				Enter first 5 letters of last name		03		2. Social Security Number				04	
4. Home address <i>(Number, street, city, State, ZIP code)</i>				5. Home telephone Area code : Number				3. Date of birth <i>(Year and month)</i> <i>(Example-born January 14, 1943 shown as 43/01)</i>				05	
7. Organization mailing address <i>(Branch-Division/Office/Bureau/Agency)</i>				8. Office telephone Area code : Number : Extension				9. Continuous civilian service Years : Months		10. Number of prior non-government training days			
11a. Position title/function			11b. Applicant handicapped or disabled <i>(See instructions)</i>				12. Pay plan/series/grade/step			13. Type of appointment		14. Education level	

Section B - TRAINING COURSE DATA														
15a. Name and mailing address of training vendor <i>(No., street, city, State, ZIP code)</i>						15b. Location of training site <i>(If same, mark box)</i> <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; margin-left: 10px;"></div>								
16. Course title and training objectives <i>(Benefits to be derived by the Government)</i>														
17. Catalog/Course No.		18. Training period <i>(6 digits)</i>			06		19. No. of course hours <i>(4 digits)</i>		07		20. Training codes <i>(See instructions)</i>			
		Year : Month : Day			a. During duty				Code		Code			
		a. Start			b. Non-duty				a. Purpose		08		c. Source	
		b. Complete			c. TOTAL				b. Type		09		d. Special interest	
											10			
											11			

Section C- TERMINATION AND EVALUATION DATA (To be completed by Trainee)													
a. Yes b. No - <i>Return this form with a memo explaining circumstances</i>				22. Actual course dates <i>(Month/day/year)</i>						23. Actual course hours		24. Academic grade/score	
				a. Commenced Month : Day : Year			b. Completed Month : Day : Year			a. Duty : b. Non-duty			
25. All sessions were attended a. Yes b. No - <i>Explain</i>													

AREAS OF EVALUATION				Rating		
<i>(Place (X) in appropriate column to indicate your evaluation of items 26 through 37. Do not attempt to split a rating)</i>				A	B	C
26. Stated objective accomplished	A =Yes	B =Partially	C =No			
27. Coverage of subject matter	A =Excellent	B =Sufficient	C =Poor			
28. Organization of subject matter	A =Well organized	B =Adequate	C =Poorly organized			
29. Suitability of instructional materials	A =Excellent	B =Adequate	C =Poor			
30. Level of difficulty	A =Too advanced	B =Appropriate	C =Too elementary			
31. Length of course	A =Too long	B =Appropriate	C =Too short			
32. Amount of outside or evening work	A =Too much	B =Appropriate	C =Insufficient			
33. Effectiveness of instructors	A =Excellent	B =Good	C =Poor			
34. Applicability of subject matter to the job	A =Significant	B =Adequate	C =Insignificant			
35. Facilities	A =Excellent	B =Good	C =Poor			
36. Recommendation to colleagues	A =Highly recommend	B =Recommend	C =Not recommended			
37. Meet career development plans	A =Yes	B =No	C =Not applicable			

Section C - TERMINATION AND EVALUATION DATA (To be completed by Trainee) - Continued

38. Comments on strong points of course

39. Comments on weak points of course

40. What were your objectives in taking this course? Were they met?

41. Do you recommend this program for others? If so, whom?

42. Additional comments

43. Signature of trainee

Date

Section D - SUPERVISORY COMMENTS (To be completed by employee's immediate supervisor)

44. Have you discussed this course and its application to the job with this employee?

a. ☐ Yes

b. ☐ No

45. What were your objectives in having employee attend course?

46. Were the objectives of the training achieved?

47. Additional comments

48. Signature of supervisor

Date

PERSONAL USE ONLY

GENERAL INSTRUCTIONS - Prepare this request in accordance with instructions included on form and indicated below.

Complete Sections A, B, C, D26, D27, and G32 (reverse of copy 1) and submit to appropriate Agency Training Office within the specified lead time for processing. Copy 10 is for your files.

SPECIFIC INSTRUCTIONS

► **Section A - TRAINEE INFORMATION**

Item 1 - After filling in the trainee's full name, enter the first five letters of the last name in the shaded box.

Item 2 - Use 9 digits for the Social Security Number.

Item 3 - Enter year and month of birth (e.g., if the trainee's birth date is January 14, 1943, it would appear as 43/01).

Item 4-8 - Self-explanatory/follow agency instructions.

Item 9 - Enter number of years and months of continuous civilian Government service.

Item 10 - To be filled in by nominating Agency Training Office.

Item 11a - Self-explanatory. (If additional space is necessary to describe duties and responsibilities, attach separate sheet.)

Item 11b - If the applicant is disabled or handicapped and in need of special arrangements. (Brailing, taping, interpreters, facility accessibility, etc.) describe the special arrangements on a separate sheet and attach to the Vendor Copy (copy 3). NOTE: The applicant is not required to furnish this information. His/her signature on the descriptive sheet indicates agreement to release it to training vendors.

Item 12 - Self-explanatory.

Item 13 - Career Conditional (C.C.), Career (C), Temporary (Temp.), etc.

Item 14 - Follow agency instructions.

► **Section B - TRAINING COURSE DATA**

Item 15-17 - Self-explanatory. (Item 16 - if additional space is necessary, attach separate sheet.)

Item 18 - Enter the year, month, and day the course begins and ends (e.g., a course starting June 15, 1973, and ending December 15, 1973, would be entered as 73/06/15 and 73/12/15).

Item 19 - The number of course hours can be determined by multiplying the number of hours attended per week by the number of weeks of the course or semester.

Item 20 - Select an appropriate code for each item listed below and enter in code boxes on form.

► **Section C - ESTIMATED COSTS AND BILLING INFORMATION**

ITEMS 21, 22 - Follow agency instructions.

Item 23 - Enter Document/Purchase Order/ Requisition Number for reimbursement of training costs to responsible Training Vendor. This number is to be referenced on the billing document.

Item 24 - Fill in 8-digit station symbol of the nominating agency finance office which will report the payment on SF-224, Statement of Transactions. If a nominating agency does not report on SF-224 and will issue a check, type "SF-1080" in this block.9

Item 25 - Enter name and mailing address of nominating Agency Finance Office for billing purposes.

► **Sections C and D - TERMINATION AND EVALUATION DATE - Copy 9**

This information will be filled in on copy 9 after training is completed (follow agency instructions).

► **Section D - APPROVALS**

Items 26, 27 - To be completed by applicant's immediate and/or second-line supervisor(s) before submission of form to nominating Agency Training Office as indicated in agency instructions.

Item 28 - To be completed by the nominating Agency Training Officer.

► **Section E - APPROVAL/CONCURRENCE**

Item 29 - To be completed by the nominating Agency Official who is authorized to approve or disapprove request.

NOTE: Approving officials may authorize training in non-government facilities only after determining that adequate training is not reasonably available within Government.

► **Section F - CERTIFICATION OF TRAINING COMPLETION**

Item 30 - To be completed by nominating Agency Certifying Official.

► **Section G - EMPLOYEE'S AGREEMENT TO CONTINUE IN SERVICE (NON-GOVERNMENT TRAINING) Copy 1 - Reverse side**

The applicant must read and understand the statements contained in the agreement. If there are any questions concerning this section, please contact the nominating Agency Training Office.

Item 31 - To be completed by nominating Training Office.

Item 32 - To be signed and dated by employee nominated for non-government Training.

► **Section G - FINANCE - Copy 7 only**

Items 31, 32 - To be filled in by the nominating Agency Finance Office.

► **Section H - TRAINING VENDOR - Copies 5 and 6 only**

Instructions on reverse of copy 3.

► **Section I**

Copy 5 - Mailing address of Nominating Agency.

Copy 6 - Mailing address of employee.

To be filled in by nominating Agency Training Office. Name and address to be stamped on copy 5.

CODES FOR ITEM 20 (See 1-part form for code definitions)

► **A. PURPOSE**

- 1 Mission or program change
- 2 New technology
- 3 New work assignment
- 4 Improve present performance
- 5 Meet future staffing needs
- 6 Develop unavailable skills
- 7 Trade or craft apprenticeship
- 8 Orientation
- 9 Adult basic education

► **B. TYPE**

- 1 Executive and Management
- 2 Supervisory
- 3 Legal, Medical, Scientific, or Engineering
- 4 Administration and analysis
- 5 Specialty and Technical
- 6 Clerical
- 7 Trade or craft
- 8 Orientation
- 9 Adult basic education

► **C. SOURCE**

- 1 Government - Agency
- 2 Government - Interagency
- 3 Non-government - Designed for agency
- 4 Non-government - Off-shelf
- 5 State or local government

► **D. SPECIAL INTEREST**

- 0 No special program
- 1 Executive development
- 2 Supervision
(other codes may be developed - follow agency instructions)